



Complaint Investigation Report			
Person who received call:		Date:	Entered in Database: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Due Date:	
Return to: Program Administrative Assistant			
Caller Name:			
Address:			
City:		County:	Zip code:
Phone:		Best Time to call:	
Producer:			
Address:			
City:		Country:	Zip code:
Incident Date:		Incident time:	
Incident Description: (if necessary, attach narrative information on supplemental form)			
INVESTIGATION			
Inspector:		Date assigned:	
Organization:			
<b>Action:</b> <input type="checkbox"/> Field Response – Investigation <input type="checkbox"/> Field Response – Technical Asst. <input type="checkbox"/> Written Enforcement <input type="checkbox"/> Written Technical Asst.		<b>No Action:</b> <input type="checkbox"/> Resource Limitation <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> No Action Needed <input type="checkbox"/> Telephone Technical Asst.	
Referral Name: Telephone:			
Referral Date:		Organization:	
Fax:		Email:	
Referral name: Telephone:			
Referral Date:		Organization:	
Fax:		Email:	
Narrative Text:			
Signature:		Date:	



Washington State Department of Agriculture  
Livestock Nutrient Management Program  
PO Box 42560  
Olympia WA 98504-2560  
(360) 902-1982

Supplemental

## Supplemental Complaint Investigation Report

Signature:

Date:



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